

## Pediatric Gastroenterology of Alaska

| Procedure Category   | Procedure Code | Procedure Description  | Price per unit |
|--|----------------|--|----------------|
| Surgery / Digestive System                                 | 43247          | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)   | \$1,844.00     |
| Surgery / Digestive System                                 | 45380          | Colonoscopy, flexible; with biopsy, single or multiple   | \$ 2,012.00    |
| Evaluation and Management / Office or Other Outpatient Svc | 99203          | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making                | \$319.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99204          | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.          | \$543.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99205          | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.              | \$715.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99212          | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.   | \$151.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99213          | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.      | \$225.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99214          | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. | \$341.00       |
| Evaluation and Management / Office or Other Outpatient Svc | 99215          | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.     | \$495.00       |

**Clinic Name & Location:** Pediatric Gastroenterology of Alaska

4500 Business Park Blvd., Suite C-10

Anchorage, AK 99503-7173

**Clinic Website:** NONE

**DHSS Website:** <http://dhss.alaska.gov/>

**Contracted Insurance Companies:** Aetna, Blue Cross

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

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